

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on 21 November 2005  
Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara  
(Signature of Person Mailing Paper or Fee)

TFW  
2134

**PATENT APPLICATION**  
**Attorney Docket No. OR99-17501**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )  
 ) Examiner: Heneghan, Matthew E.  
Vipin Samar )  
 ) Group Art Unit: 2134  
Serial No. 09/544,709 )  
 )  
Filing Date: 6 April 2000 )  
 )  
Title: FACILITATING SINGLE SIGN ON BY )  
 AUTHENTICATED CODE TO ACCESS A )  
 PASSWORD STORE )

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Non-Fee Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed **2 September 2005**.
- ☐ A petition for extension of time is also enclosed with a fee of \$ .00 for a one-month extension for a small entity.
- ☐ Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b), including
  - ☐ check for \$ \_\_\_\_\_ petition fee under 37 C.F.R. 1.17(m)
- ☐ Information disclosure statement, form 1449 and \_\_\_ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

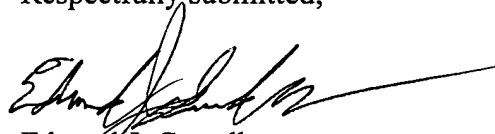
AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- ☐ A check in the amount of \$\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. \_\_\_\_ (Docket No. \_\_\_\_).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR99-17501).

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Respectfully submitted,

By



Edward J. Grundler  
Registration No. 47,615

Date: 21 November 2005



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Application Number : 09/544,709  
Applicant : Vipin Samar  
Filed : April 6, 2000  
TC/A.U. : 2134  
Examiner : Heneghan, Matthew E.

Confirmation Number: 9115

Docket Number : OR99-17501  
Customer No. : 51,067

M/S: Box Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

### AMENDMENT

Sir

In response to the office action of **2 September 2005**, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 15 of this paper.